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CONFIRMATION NO. 3920

<b>SERIAL NUMBER</b> 10/648,667	<b>FILING OR 371(c) DATE</b> 08/26/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> AM101193
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**APPLICANTS**

Chengjin M. Huang, Fort Dodge, IA; ✓

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/410,246 09/12/2002 ✓

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/26/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>Cathy Le</i> 9/10/06 Initials: <i>C.L.</i>	<b>STATE OR COUNTRY</b> IA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 7
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**ADDRESS**

25291

**TITLE**

Monoclonal antibody specific for an epitope of inactivated feline immunodeficiency-encoded glycoprotein

<b>FILING FEE RECEIVED</b> 1492	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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